

**CITY OF SOMERVILLE
MAYOR JOSEPH A. CURTATONE
COUNCIL ON AGING**

**Snow Shoveling Referral Program
Application Form**

Personal Information

Name of Senior Participant: _____

Address: _____

City: Somerville_____

Age: _____

Sex: _____

Phone (Daytime): _____

Phone (Evenings): _____

Job Required: (circle jobs as needed)

Sidewalks & Steps = \$15.00 Driveway (per spot) = \$15.00 Car = \$10.00

Corner Lots = \$30 Car & Driveway (1 spot) = \$25.00

Car & Parking Spot on Street = \$25

***** In case of extremely heavy snowfalls, price will differ and/or your match person may not be able to do the jobs.**

**By signing below, I am requesting to participate in the Somerville Council on Aging/
Somerville Community Youth Program's Shoveling Referral Program. I understand that I
will be paired with a young person from the area that will be responsible for my home. I will
pay the youth the above-agreed amounts as to my needs. I will make arrangements with the
young person to shovel my snow in a timely manner and will pay them for their services. I
will contact the Council on Aging in the event that a problem should arise. I understand that
the program cannot guarantee me a shoveler or the work of the shoveler.**

If you agree with the above conditions, please sign and date below in the space provided.

Signature_____

Date_____

Council on Aging_____

Assigned to_____